Northeast Ohio VAHS – Naloxone Kits in Homeless Programs

An Innovative Practice in VHA Homeless Program Operations

White Paper

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INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The Northeast Ohio VA Healthcare System (VAHS) has been identified as a site with an innovative practice for their utilization of naloxone by homeless program social workers to address opioid overdoses.

PRACTICE OVERVIEW

Issuing naloxone kits to community-based social workers can be effective in preventing opioid overdose related deaths for homeless and formerly homeless Veterans.

In 2014, the World Health Organization (WHO) released a report titled, “Community Management of Opioid Overdose.” In it, the report highlighted that most opioid overdoses occurred in private homes and were frequently witnessed by close friends, partners, or family members. Another key group of individuals likely to witness overdoses were people working in helping professions such as trained health professionals and first responders. The antagonist drug naloxone can reverse overdoses by blocking opioids from attaching to opioid receptors in the brain. As a crisis and emergency intervention, naloxone is both safe and easy to use. It only reacts in the presence of opioid molecules and in cases where an overdose is misdiagnosed, the drug stays inert. Consequently, the WHO recommended that, “People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose."[1] With the considerable number of opioid related deaths in Northeast Ohio, and recognizing the opportunity for community-based teams serving homeless Veterans to positively impact this epidemic, staff at the Northeast Ohio VAHS developed a pilot in 2015 to disseminate training and issue naloxone kits to their community-based social workers.

Led and organized by a Veterans Justice Outreach (VJO) Specialist and a Supervisory Social Worker, the pilot had to navigate within the State of Ohio’s existing laws and rules regarding social work practices and naloxone use. At the time of the pilot’s development, Ohio would go on to pass a Good

[1] Community Management of Opioid Overdose. World Health Organization Cataloguing-in-Publication Data. World Health Organization 2014.

Samaritan Law in Summer of 2015, protecting people from criminal, civil and professional liability when acting in an emergency. Despite this, a social worker's liability for administering naloxone was still an open question. With guidance from their Chief of Social Work, the Supervisory Social Worker and the VJO Specialist gave a presentation in March of 2015, to the Social Worker Professional Standards Committee (SWPCS) of the State of Ohio's Counselor, Social Worker & Marriage and Family Therapist Board (CSWMFTB). The presentation set out to educate the Board on the rise of opioid related deaths in Ohio and the need for medication like naloxone to reduce those deaths. To accomplish this, the Supervisory Social Worker shared information on naloxone use and gave a demonstration that highlighted methods of delivery, ease of use, absence of negative side effects, and the treatment's similarity to cardiopulmonary resuscitation (CPR) that social workers were already trained to use in emergency situations. Following the presentation, SWPSC issued an opinion stating that social workers who carried and administered naloxone, with appropriate training, were likely not violating any existing Ohio laws and rules. As the application of naloxone would likely be considered part of crisis intervention, the Board would not hold social workers liable for any adverse outcomes, concurrent with state law.

"The Cleveland VA has been proactive on opiate overdose education through our Chiefs of Psychiatry and Pharmacy. We're fortunate that there were already lots of pro-naloxone sentiments, it made getting buy-in easier."

Jason Myers, LISW-S, LICDC-CS
Supervisory Social Worker
Northeast Ohio VAHS

The next step of the pilot was to develop local VA policy to concretely outline procedures and requirements. The VJO Specialist and Supervisory Social Worker obtained support from the VAHS's Homeless Program leads, Pharmacy Service leads, Psychiatry Service leads, Nursing Education leads, and the Executive Leadership. The pilot organizers found it helpful to have a specific point-of-contacts in both Pharmacy Service and Psychiatry Service to provide the standing orders that would allow the naloxone kits to be issued to social workers instead of being prescribed to specific patients. The Chief of Psychiatry played a key role in developing and writing the VAHS's policy. Although the VHA Care Management and Social Work Office released guidelines in 2015 prohibiting social workers from carrying medications, the Chief of Social Work received approval for the pilot to be exempt. As the pilot was voluntary for community-based social workers, the local Union expressed no objections.

Once policies were finalized, the pilot organizers turned to the VAHS's Nursing Education Service to develop and disseminate training to teach social workers and other providers how to identify the signs of opioid overdose and administer the drug. A two-hour, in-person, hands-on training was developed by Nursing Education to establish clinical privileges for social workers. An additional Talent Management System (TMS) training, Opioid Overdose Education and Naloxone Distribution (OEND) Training (VA 27440), was released so that competencies could be renewed annually. As the existing social workers completed the training, Pharmacy Service ordered naloxone kits, each containing two four-milligram nasal sprays, for distribution. These kits were required to be stored in a safe location behind two locks such as a locked desk drawer in a locked room or carried on a social worker's person. Furthermore, the training modules made it clear that naloxone must not be left in vehicles due to temperature variances or taken home at the end of the work day. A SharePoint site for supervisors and pharmacists, tracked usage and expiration dates. When new social workers came on board, in-person trainings were offered every six months.

Within the homeless programs at the Northeast Ohio VAHS, social workers with independent practice licenses issued by Ohio, could volunteer to become clinically privileged to carry naloxone while out in the community. Veterans participating in residential treatment programs such as Grant & Per-Diem, Safe Haven, and Contract Residential Services were provided education on the use of naloxone and Harm Reduction techniques while the staff who provide services to those programs are also provided education and naloxone kids by the homeless outreach Registered Nurses (RNs). For justice involved and at-risk Veterans exiting the Cuyahoga County and Stark County jails, when indicated, the VJO Specialist coordinated with the jail medical staff to have naloxone kits provided to Veterans as they were leaving jail.

Since the start of the pilot 73 social workers were clinically privileged by the Northeast Ohio VAHS to carry Naloxone kits. As of February 2019, 59 social workers actively carry kits. Fortunately, to date, no community-based social workers at the Northeast Ohio VAHS needed to use their naloxone kits. The pilot organizers view the lack of use as a positive outcome associated with both social workers and Veterans being educated on harm reduction principles and recognizing signs of overdose. Sites considering adopting this practice should begin with talks to their local Social Work, Mental Health, Pharmacy, and Nursing Education leadership. Once their support is secured, and with guidance from Regional Counsel, explore how State laws and rules on social work scope of practice and liability apply. While federal employees can ask questions, and provide education to State

Social Work Boards, they cannot lobby for specific policy positions. Many states, like Ohio, have now passed laws that support increased access to naloxone kits through prescriptions to family members, community-based naloxone distribution programs, and over the counter availability in public pharmacies. As social workers employed with the VA are often licensed by States in which they do not reside or work, Cleveland only allows independent practice licenses holders issued by Ohio to become clinically privileged to carry naloxone.

CONCLUSION

While it is fortunate that homeless program social workers at the Northeast Ohio VAHS have not yet needed to use their kits, thanks to the proactive work of the pilot organizers and the site's leadership, the social workers are trained and ready to respond should the need arise. We would like to thank the dedicated staff at the Northeast Ohio VAHS for sharing their practice with us.

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